No. 2
-1-4-41
5-17-39
I X28390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34830

Registration District No. 133 Primary Registration District No. 302-2 Registrar's No. 99

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison 41
(c) City or town Bethany /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph E. Weber
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary A Weber
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 5 (Month) - 18 (Day) - 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	2	hr. min.

9. Birthplace Butler Penn. (City, town, or county) / (State or foreign country)
10. Usual occupation Labor oil business
11. Industry or business none Brick Mason
FATHER
12. Name Adam Webber
13. Birthplace Butler (City, town, or county) Penn (State or foreign country)
MOTHER
14. Maiden name Do not know
15. Birthplace Do not know. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mary A Webber
(b) Address Bethany Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director S. W. Haas
(b) Address Bethany Mo.
19. (a) 9-24-1943 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Sept 6 1943, to Sept 20 1943; that I last saw him alive on Sept 20 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute nephritis	
Due to Exposure	
Due to 137a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Prostatitis	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. C. M. Propst (M. D. or other) DD
Address Bethany Mo Date signed Sept 20/43

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....1078.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.